07/02/2014 20 : 47

PAGE 1 / 15

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		rized Comr	nittee			Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
ANDY WHALL	ON FO	OR CONGRE	ESS						1
		1995 CANAL	AVE						
ADDRESS (number ar	nd street)								
Check if dit									
than previous reported. (A		LONG BEAC	CH 				CA	90810	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE		ZIP CODE A STATE ▼ DISTRICT
C C0055260	04		3.	IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	CA 47
4 TVDE OF DE	DODT /		1						
4. TYPE OF RE(a) Quarterly R		Choose One)	(b)	12-Day PRE -	Election Repo	rt for the:			
					Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterl	y Report (Q1)			Convention (1	12C)	Special (1	12S)	
➤ July 15	Quarterly	/ Report (Q2)						•	
Octobe	r 15 Quai	rterly Report (Q3)		Election on	M - M /	D D /	Y - Y - Y - Y		in the State of
January	/ 31 Year-	-End Report (YE)	(c)	30-Day POS 1	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y Y Y Y		in the State of
5. Covering Period	N	1 M / D D D 16		Y Y Y 2014	through	M M 06	30		Y Y Y Y 2014
I certify that I have e	examined	this Report and	to the b	est of my kno	owledge and b	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer Gregory Lu	cido						
Signature of Treasure	er <u>G</u>	regory Lucido		ı	Electronically F	Filed] [oate 07	/	02 /
NOTE: Submission of	false, err	oneous, or incomp	olete info	rmation may s	ubject the per	son signing t	his Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use Only									EC FORM 3 Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 15

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

ANDY WHALLON FOR CONGRESS

R	eport	Covering the Period: From:	05 / 16 / Y Y Y Y Y Y TO:	06 / 30 / Y 2014 Y
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	830.00	1505.00
	(b)	Total Contribution Refunds (from Line 20(d))	100.00	100.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	730.00	1405.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	11078.86	31969.18
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	207.79
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11078.86	31761.39
8.		ch on Hand at Close of corting Period (from Line 27)	3143.45	
9.	the	ots and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	33500.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name

ANDY WHALLON FOR CONGRESS

Report Covering the Period: From: 05 16 2014 To: 06 30 2014

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period	
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	550.00	800.00
	(ii) Unitemized	280.00	685.00
	(iii) TOTAL of contributions from individuals	830.00	1485.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	20.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	830.00	1505.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	11500.00	33500.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	11500.00	33500.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	207.79
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.33
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	12330.00	35213.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	11078.86	31969.18
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other	100.00	100.00
	Than Political Committees		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	100.00	100.00
21.	OTHER DISBURSEMENTS	0.00	0.49
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	11178.86	32069.67
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1992.31
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	12330.00
25.	SUBTOTAL (add Line 23 and Line 24)		14322.31
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	11178.86
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		3143.45

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	e number	: PAGE	5 ()F 15
(check or	nly one)			
X 11a	11b	11c	11d	
1 12	13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS Full Name (Last, First, Middle Initial) **Gregory Lucido** Date of Receipt Mailing Address 4611 E Anaheim St #C 06 2014 25 City State Zip Code Transaction ID: SA11AI.4201 CA 90804 Long Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation donation Self Real Estate Broker Receipt For: 2014 Election Cycle-to-Date Primary X General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Vickey Nelson Date of Receipt Mailing Address 1613 Victoria Dr 23 2014 City State Zip Code Transaction ID: SA11AI.4202 Fullerton CA 92831 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation **VBJ Property Services** donation **Property Manager** Receipt For: 2014 Election Cycle-to-Date | Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... 550.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

PAGE 6 OF 15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 11d Detailed Summary Page X 13a 12 13b

or for commercia		Statements may not be sold or used by any peneron and address of any political committee	
A. ANDREW	ust, First, Middle Initial) WHALLON ss 1995 CANAL AVE		Date of Receipt 06 13 2014
City LONG BEAC	Н	State Zip Code CA 90810	Transaction ID : SA13A.4217
FEC ID numb federal political	er of contributing al committee.	С н4СА47069	Amount of Each Receipt this Period
Name of Emp	oloyer	Occupation Engineer/Entrepreneur	loan from candidate
Receipt For: Primary Other (s	Meneral General	Election Cycle-to-Date 6000.00	
B. Full Name (Last, First, Middle Initial) ANDREW WHALLON Mailing Address 1995 CANAL AVE			Date of Receipt
City LONG BEACH		State Zip Code CA 90810	06 24 2014 Transaction ID : SA13A.4218
	er of contributing	C H4CA47069	Amount of Each Receipt this Period
Name of Emp self Receipt For:	2014 General	Occupation Engineer/Entrepreneur Election Cycle-to-Date	loan form candidate
Full Name (La	st, First, Middle Initial)	14500.00	
C. Mailing Addre	ss	State Zip Code	Date of Receipt
	er of contributing al committee.	C	Amount of Each Receipt this Period
Name of Emp	oloyer	Occupation	
Receipt For: Primary Other (s	General specify)	Election Cycle-to-Date	
SUBTOTAL of	Receipts This Page (optional)		11500.00
		only)	11500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER: (check only one)				GE	7	OF	15
Use separate schedule(s)								
for each category of the Detailed Summary Page	X	17	1	8		19a] 19k
		20a	2	20b		20c		21
y not be sold or used by any person for the purpose of soliciting contributions								

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Matt Kauble 2014 Mailing Address 17602 Corto Ave 06 24 City State Zip Code Amount of Each Disbursement this Period CA Cerritos 90703 Purpose of Disbursement 5000.00 poltical consulting 001 Transaction ID: SB17.4215 Candidate Name Category/ ANDY WHALLON FOR CONGRESS Type Disbursement For: 2014 Office Sought: House X General Senate Primary Other (specify) President CA State: District: Full Name (Last, First, Middle Initial) Political Data Inc Date of Disbursement Mailing Address P.O. Box 59570 06 24 2014 City State Zip Code Amount of Each Disbursement this Period CA 90652 Norwalk 3500.00 Purpose of Disbursement voter date list subscription 003 Transaction ID: SB17.4214 Candidate Name Category/ ANDY WHALLON FOR CONGRESS Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President State: CA District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Franklin Sims Mailing Address 1816 Bellflower Blvd 06 2014 City State Zip Code Amount of Each Disbursement this Period 90815 Long Beach CA Purpose of Disbursement 2000.00 Management 001 Transaction ID : SB17.4208 Candidate Name Category/ ANDY WHALLON FOR CONGRESS Type Office Sought: Disbursement For: 2014 House X General Senate Primary President Other (specify) State: CA District: 47 10500.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:				AGE	8	OF	15
Use separate schedule(s)	(check onl	y one)						
for each category of the Detailed Summary Page	X	17		18		19a		191
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. Candace Yamagawa 2014 Mailing Address 3185 Claremore Ave 06 12 Zip Code City State Amount of Each Disbursement this Period CA Long Beach 90808 Purpose of Disbursement 500.00 Public Relations 001 Transaction ID: SB17.4207 Candidate Name Category/ ANDY WHALLON FOR CONGRESS Type Disbursement For: Office Sought: House Senate Primary ✓ General Other (specify) President CA State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify) State: District: 500.00 SUBTOTAL of Disbursements This Page (optional)..... 11000.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

9 OF

13a

15

Detailed Summary Page 13b Transaction ID: SC/10.4100 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREW WHALLON General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE State ZIP Code City CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 02^M ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

10 OF

X 13a

15

(check only one) Detailed Summary Page 13b Transaction ID: SC/10.4119 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREW WHALLON General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE City State ZIP Code CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 03^M ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

11 OF

X	13a
	13b

15

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4139 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREW WHALLON General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE City State ZIP Code CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 04^M 08 ž014 0.00 1/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

12

×	13a
	13b

15

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4154 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREW WHALLON General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE State ZIP Code City CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 06 ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

13 OF

×	13a
	13b

15

Detailed Summary Page Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary ANDREW WHALLON General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE State ZIP Code City CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 05^M ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

14 OF

×	13a
	13b

15

(check only one) Detailed Summary Page Transaction ID: SC/10.4217 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary ANDREW WHALLON ★ General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE City State ZIP Code CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M06^M ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

15

×	13a
	13b

15

(check only one) Detailed Summary Page Transaction ID: SC/10.4218 NAME OF COMMITTEE (In Full) ANDY WHALLON FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary ANDREW WHALLON ★ General Mailing Address Other (specify) \blacktriangledown 1995 CANAL AVE State ZIP Code City CA 90810 LONG BEACH Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8500.00 0.00 8500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M ^D24 ž014 0.00 01/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 8500.00 TOTALS This Period (last page in this line only) 33500.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.